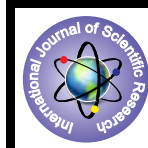


Perimenopausal Depression and its Ayurvedic Management



Ayurveda

KEYWORDS : Perimenopause, Rajakshaya, Rajonivriti, Depression, Rasayana

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ABSTRACT

As the recent advancements in the medicine came to the forefront, resulting in the augmented life expectancy, one third of women worldwide are surviving for several years after the menopause. The period of 3 to 4 years around the menopause is having fluctuating level of hormones and this may lead to physical as well as psychological manifestations in women. Depression ranks most among the recorded psychic symptoms and also the most troubling one, in the perimenopausal clinics. The psycho pharmaceutical agents are being used, but with caution, for such presentations in the affected. The adverse effects of such medications are always ahead of the attained results, as per the published studies.

In the Ayurvedic parlance, the menstruation and its irregularities are being dealt with utmost seriousness. The lifestyle to be adopted during the menstrual period is itself aimed at preventing the disturbances after the menopause. The menopause has also being narrated as the rajakshaya, with its general features. The psychological features have to be dealt in accordance with the tridosha base of disease, as per the clinical presentations and to be managed accordingly. Various medications are being used, with appreciated effects in our clinical practice. Rajonivritii or menopause seems to be a Vathapitta predominant condition as a whole. But when a perimenopausal woman is also having depression, the role of the Kapha also comes to the consideration. We have to select a drug or a protocol and manage the condition, accordingly, based on the severity of depression. Here the various psychological associations and their probable management are being discussed in detail, on the light of clinical presentation. Management including the sodhana, samana, rasayanas, dietary modifications, yoga therapy etc. is also being discussed here.

Introduction

Woman hood is a precious blessing of God Almighty because he created women for molding a human being, from the primary stage itself. The sprouting of every human happens in the women's womb. The glorious journey of womanhood is covered by all of them, in their entire lifespan. The credit as well as the responsibility of the development of a human being is attributed to women.

In a woman's life, the two milestones, menarche and menopause heralds her reproductive segment. Menarche is the first milestone with which a woman attains the capability for reproduction. Usually it happens in women in between the ages of 12 and 15¹. Menopause is the second milestone which may be considered as the mere end of the reproductive phase in women, which habitually occurs between the age of 45- 55 years.²

Perimenopause

Menopause is the permanent cessation of menses secondary to the decreased ovarian performance.³ In the case of natural menopause, the diagnosis is retrospective, requiring 12 months of amenorrhea. The literal meaning of perimenopause derives from the Greek word peri (around), men (month) and pausis (a brake, stop or rest) indicating the condition.⁴

Perimenopause refers to the years of transition from the reproductive to the non reproductive segment of women's life.⁵ It is usually a brief 3-4 year time frame, encompassing the last menstrual period.⁶

The perimenopausal experience involves a multifaceted interaction between psychological, socio cultural and environmental factors as well as biological changes relating to the altered ovarian hormone status or deficiency which varies from one individual to another.⁷ In a number of women, menopause is a barely a noticeable milestone. Their menstrual cycle ceases uneventually and the transition results in a little to no impact on any. For others it is a phase of life, significant for the physical, psychological and the emotional effects. The reason of these differences among the individuals is not fully understood.

Clinical presentation

During perimenopause women may experience vasomotor, urogenital and psychological symptoms as well as the sexual dysfunction. These problems are often attributed to the hormonal changes during midlife and are projected as a health risk.⁸ The perimenopausal age is characterized by the fluctuations in the levels of hormones such as inhibins, follicle stimulating hormone, lutenizing hormone, estrogen, progesterone and the androgens.⁹

The perimenopausal symptoms include the somatic symptoms such as irregular menstrual cycle, hot flashes/ night sweats, vaginal dryness, urinary incontinence, breast tenderness etc. and the psychological symptoms like mood swings, sleep disorders, anxiety, irritability, memory loss etc.¹⁰ The women may also perceive the signs of bodily changes in their menstrual pattern, skin, behavior as early as their late thirties. As menopause occurs as a sign of ageing in women, all these symptoms contribute to the mechanism of ageing also. As the age progresses, the psychological symptoms also gradually becomes more obvious.

These psychological symptoms cause more disturbances to the individual than the physical symptoms. These adversely affect the total quality of various aspects of daily life of women in perimenopause. Moreover, the elderly women are found to psychologically more sensitive and unstable especially during stressful conditions. Lack of estrogen affects the cognitive functions like attention, concentration, memory etc. which leads to many psychological disturbances.

Perimenopausal depression

Now a day, the psychological symptoms seem to be a more significant public health issue, than the somatic symptoms, for the perimenopausal women as the social relationships are on the alteration. The study of Women's Health Across the Nation (SWAN study) showed that the perimenopausal women reported more psychological symptoms than pre or post menopausal women. Upto 30% of the women attending the gynaecology clinics with menopause is diagnosed to have a current depressive disorder.¹¹

The depression during menopause ranges in severity from minor depressive symptoms to more severe forms of major depressive disorder. The depressed mood, loss of interest, anxiety, insomnia, suicidal ideations, guilt, somatic symptoms, psychomotor retardation, agitation, diurnal variation of the symptoms and the panic attacks are the major among the presentation.¹² Eventhough it is not sound enough to be diagnosed as a major episode in this regard, the symptoms contribute to substantial distress and social as well as occupational dysfunction. The probable reasons of depression seen in perimenopause include the family history of mood disorders, increased psychological stressors and also the fluctuating levels of the hormones as well as the general health of the individual¹³.

Confounding factors

There are so many confounding factors along with the main etiology ie. the hormonal imbalance during perimenopausal period, for the occurrence of the psychological disorders.

During this age group, women usually have greater responsibilities in their familial, occupational as well as the social life. In the familial circumstances, they usually face hazardous situations like higher education, marriage etc. of their kids, death or illness of their parents, old age and retirement of their partners etc. The difficulties impending under such situations disturb their mind to a considerable extent.

In work places, they may possess higher posts with a lot of responsibilities; they may have to work at distant places from their domicile and may face retirement and thereby drastic reduction in their income, power and other benefits of the job. In the society also, they may have a feeling of marginalization from the main stream because of old age, retirement from service, lack of proper engagements and because of the difficulties to get along with the emerging trends of new generations. These familial as well as the social factors are very much contributory as per studies¹⁴.

Another feeling of the perimenopausal women is that they are unable to satisfy their spouses as far as sex is concerned, due to the proposed ageing. So they reckon that they are trailing the love and affection of their husbands. These feeling also add on to the conditions like perimenopausal depression¹⁵.

Relevance of addressing this problem

The psychological disorders taking place during the perimenopause cause many disturbances in women. These symptoms faultily affect the total quality of various aspects of their daily life. The management of this condition is of great importance in today's perspective. Life expectancy of women has gone to 80 years and the women live around 30 years, ie. last 1/3 of the life after menopause¹⁶. Therefore it is important to address these problems, in order to improve the quality of such a long period of life of individuals contributing to more than half of the world population.

Management

The main managerial approaches are Psychotherapy, Hormone Replacement Therapy and the Antidepressant therapy.¹⁷ However; there are some special treatment considerations for depression in women. Hormone fluctuations related to the reproductive cycle can have a profound influence on a woman's mood. In light of this possibility, physician should always look for links between psychological symptoms and the female reproductive cycle. Besides are the limitations of the therapy with the adverse effects of the hormone therapy as well as the psychiatric medication for the affected¹⁸. Here the alternative system is having a definite role to perform.

Management in Ayurveda

In Ayurveda, we are approaching any disease with the presentations on the light of the affection of the doshas as well as the dhatus. We can infer perimenopause as the rajonivrutti and its associated presentation, as per the symptomatology. The term rajonivrutti is 'rajasah nivrutti' means the cessation of menstruation¹⁹.

Rajonivritti kaala

There are direct references about the age of menopause in the ayurvedic classics. Acharya Vaagbhata opines that the women attain menopause at the age of around 50 years²⁰. Susruta and Bhaavamishra have also mentioned the same age for menopause^{21,22}.

But now a days there happens an early menopause in between 40 and 50 years is seen among women due to the various contributory factors explained. This leads to the reduction in the length of reproductive span of life and also early ageing in women.

Etiological factors

These are multiple and varied. The various, physical as well as the psychological factors contribute significantly to the condition²³. The factors includes kaala, prakrithi of the individual, dietary factors, depletion in the dhatus or dhatukshaya, status of the reproductive organs, psychological factors etc. These all factor are capable of making changes in the physiology of the affected either alone or as a combination.

Clinical features

We can observe the premonitory symptoms from the late 30's in some women, prior to the menopause, such as wrinkling of skin, loosening of muscle tone, disturbances in menstruation, falling of hair, disorders of sleep, forgetfulness, lack of attention and concentration etc²⁴.

We can also expect the condition of ksheenaartava or oligomenorrhoea as the poorvarooopa of rajonivritti in which vatha pitta predominance is present and the lakshanas are yathocita kaala adarsanam or non occurrence on proper time period, yonivedana or local pain, alpaartavam or oligo menorrhoea etc²⁵. Aartavavaha srotodushti lakshanas, Alpa prajanana sakti, rajonivrutti praarambha lakshana etc. also can be found as roopa or chief symptomatology²⁶.

Probable Pathogenesis of Perimenopausal Depression

The etiological factors are of two types, physical causes such as spicy diet, excess strain, improper menstrual hygiene, irregular sleep, thyroid disorders etc²⁷. The psychological factors include intolerable stress, psychiatric medications, heena satwa of the individual etc. The physical factors lead to premature ageing along with the dhatukshaya. Also the disturbance of agni and the resultant aama is also associated with the pathogenesis. These all lead to the kshaya of the ojus and also depletion of the arthava, leading to rajonivritti or menopause.

The psychological causes lead to alteration in the rajas as well as the thamas ie. the doshas of the manas affecting its function leading to the disturbance in the functioning of the manovahasrotus leading to vishada or depression²⁸. Here the HPO axis seems to be involved and affected. The condition may be varying in doshas according to the contributory factors in the individual. For eg. if the depression is of moderate in nature, the dosha is Vathakaphaja. It becomes Kaphaja when the depression is severe.

Although perimenopausal depression is a vathapitta predominant condition, the involvement of kapha can also be observed. The symptoms of this condition can be classified according to

the involvement of the three doshas²⁹.

Table No.1 Classification of symptoms of menopause according to dosha predominance

Vatika	Pittaja	Kaphaja
Irregular Menstruation	Angry Outbursts	Weight Gain
Nervousness	Irritability	Sleepiness
Anxiety	Short Temperedness	Sluggishness
Insomnia	Hot Flushes, Night Sweats	Fungal Infections
Mild Hot Flushes	Urinary Tract Infections	Slow Digestion
Depressive Symptoms	Skin Rashes	Fluid Retention
Poor Skin And Muscle Tone		
Constipation		
Vaginal Dryness		

Management

The symptoms may last upto 10 years. Therefore after ruling out the gynaecological pathology, a detailed management including sodhanam, samanam, rasayanam, pathyaapathya and psychological integrations like yoga, counseling, music therapy etc. is opted as per the presentation.³⁰

The management protocol starts with the preparation for snehapana which includes drugs with pachana property such as vaiswanara choorna, gandarahasthadi kwatha etc. after the correction of agni, snehapana is performed. Kalyanaka ghritam, Dadimadi ghritam, Thiktaka ghritam etc. are used as per the condition³¹. Suitable swedas are performed followed by virechana with drugs like Apipathy choorna with draksha swarasa³².

Then the role of Samana chikitsa is having the role. Several suitable combinations are available which includes kwatha including Drakshadi, Kalyanakam, Sukumaram³³ etc and Gulika including Manasamitra vatakam, Dhanwantharam gulika, suvarnamukthadi etc.³⁴

After the sodhana, drugs like Aswagandha, Satavari, Yashti, Amalaki, Abhaya etc. is to be administered³⁵. A combination of the drugs jyotishmati and Jadamanchi needs mentioned here as it is effective in this regard in the clinics³⁶. Also there is good role for the rasayanas like Triphala, Brahmarasayanam, Chyavanaprasam, narasimharasayanam etc.³⁷ The drug is to be selected as per the condition of the patient.

Among the procedures, nasya with ksheerabala taila is ideal as the drug is Vatha pittahara as well as indriya prasada³⁸. Seka of siras with Useera kwatha seems is really effective as well as economical. If the Vatha seems to be dominating, siropichu with dhanwantaram taila is to be done. If pitta seems dominating, sirolepa with panchagandhachurna and triphala churna shows result³⁹. If the Kaphaja symptoms are dominating, we are performing pradhmana with vilwadi gulika and also takradhara on head⁴⁰.

Dietary regulations

This is having a significant role in the management of conditions like depression associated with the perimenopause. Use of gritha in the diet is beneficial. Fruits such as banana, dates, goose berry, citrus fruit, Vegetables such as valleephala, leafy vegetables, amorphophalus, fish, soya bean, green gram etc. are recommended⁴¹. Fast food, Jung food, meat, spices, egg, fried items, alcohol, smocking etc are contraindicated. Plenty of water intake and proper exercise is advised alongwith.

The yogasanas in a selected mode is also having a role to play in the management. Sooryanamaskaara, setubandhanasana, Vajrasana, Bhujangasana etc. are advised⁴². Relaxation techniques, breathing exercises and meditation can also be practiced practiced accordingly. The exercises such as Pelvic floor exercise,

walking, swimming, skipping, body stretching etc. is too important to be advised and practiced.

As per the Ayurveda, the best drug for the mind is creating awareness in the individual regarding the condition using suitable methods⁴³. In other words, it is possible with the psychotherapy techniques or more scientifically as the Satwavachaya chikitsa propogated by Charaka. In this condition, we adopt individual counseling, family counseling, group therapy, Interpersonal psychotherapy etc. as the condition demands⁴⁴.

Life style modifications

Life style changes to maintain a cool environment and for heart dissipation may help to redress the psychological disturbances including the depression during perimenopause⁴⁵. The women of this group should take care of their life style with the following habits. Taking quality food, regular exercise, regular sleep, periodical health checkups, social relation needs mention here.

Conclusion

Rajonivrutti is a jarajanya swabhavika vyadhi which occurs in the due course in the life of the individual. The intervention is a must if there are associated symptoms which cause distress to the life of the individual. These treatments as per the Ayurvedic viewpoint are aimed at, not only to clear the perimenopausal disturbances, but also to check the geriasis. The sodhana followed by the samana drugs along with the psychologic interventions are aimed in this regard and also fruitful.

As per the words of Dr. Leon Speroff, menopause should and can mark the beginning of a view and promising period of life relatively free from previous obligations, ready for a new career choices, more education and new ventures⁴⁶. Through proper care and management, it is our responsibility to convert the perimenopausal period into a comfortable and productive time of life with the eternal ayurvedic principles.

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